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DATE: October 31, 2007

TO:

Name: Examiner Gregory E. Webb, USPTO

Fax No.: 571-273-8300

Art Unit 1751

FROM:

Name: D. Ortiz, Ambler, PA

Fax No.: 215-628-1345

NUMBER OF PAGES 13 INCLUDING THIS COVER PAGE.

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Re: Serial No. 10/656,341 filed September 5, 2003
Attorney's Docket M 6636A C041

- Amendment (10 pages)
- Request for Extension of Time (1 page)
- Fee Transmittal (1 page)

OCT 31 2007

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Effective on 12/09/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number: 50/656,341 Filing Date: September 5, 2003 First Named Inventor: Stephen F. Gross Examiner Name: Gregory E. Webb Art Unit: 1751 Attorney Docket No.: M 6636A C041	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 210.00			

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-1177 Order Number: 07-0419 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
Utility - Natl. Stage	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
	310	165	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210	105
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
35	- 20 or IIP = 0	80	0	0	0	0
IIP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
4	- 3 or HP = 1	210	210			
HP = highest number of total claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

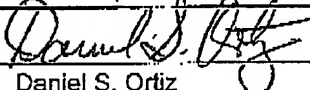
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	250	0

4. OTHER FEE(S)

Other Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity)
Other:

SUBMITTED BY

Signature		Registration No.	25,123	Telephone	215-628-1141
Name (Print/Type)	Daniel S. Ortiz	(Attorney/Agent)		Date	October 31, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.